Signature

Date

12/23/03

## UTILITY PATENT APPLICATION TRANSMITTAL

03-067-GL Attorney Docket No. Gerard Levasseur First Inventor Satellite Dish Antenna Support Systa Title

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. Mail Stop Patent Application APPLICATION ELEMENTS ADDRESS TO: P.O. Box 1450 Alexandria VA 22313-1450 See MPEP chapter 600 concerning utility patent application contents. CD-ROM or CD-R in duplicate, large table or Fee Transmittal Form (e.g., PTO/SB/17) 1. 🔽 Computer Program (Appendix) (Submit an original and a duplicate for fee processing) Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status. 2. 🔽 (if applicable, all necessary) See 37 CFR 1.27. Computer Readable Form (CRF) Specification 3. 🔽 [Total Pages] (preferred arrangement set forth below)
- Descriptive title of the invention Specification Sequence Listing on: b. Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D CD-ROM or CD-R (2 copies); or - Reference to sequence listing, a table, or a computer program listing appendix Paper - Background of the Invention - Brief Summary of the Invention Statements verifying identity of above copies Brief Description of the Drawings (if filed) **ACCOMPANYING APPLICATION PARTS** - Detailed Description - Claim(s)
- Abstract of the Disclosure 9. 🗀 Assignment Papers (cover sheet & document(s)) Power of 37 CFR 3.73(b) Statement 10. Attorney (when there is an assignee) 5. Oath or Declaration Total Sheets English Translation Document (if applicable) 11. a. Newly executed (original or copy) Information Disclosure Copies of IDS 12. Citations Statement (IDS)/PTO-1449 b. Copy from a prior application (37 CFR 1.63(d)) 13. L Preliminary Amendment (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) 14. 🗸 (Should be specifically itemized) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) 15. 🔲 Signed statement attached deleting inventor(s) (if foreign priority is claimed) name in the prior application, see 37 CFR Nonpublication Request under 35 U.S.C. 122 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 6. 17. 🔲 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: of prior application No.: ..... Continuation-in-part (CIP) Continuation Divisional Art Unit: Prior application information: Examiner\_ For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS OR Correspondence address below Customer Number: Name Lambert & Associates 92 State Street Address State MA Zip Code 02109-2004 City **Boston** Fax Telephone 617-720-0091 617-227-0313 Country LISA Registration No. (Attorney/Agent) 52,464 Name (Print/Type) | Patrick D. Archibald

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the feet call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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Complete if Known			
Application Number			
Filing Date			
First Named Inventor			
Examiner Name			
Art Unit			
Attorney Docket No.			

TOTAL AMOUNT OF PAYMENT (\$) 303.00 Attorney Docket No.							
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None	3. ADDITIONAL FEES						
Order Order			Small E				
Deposit Account:	Fee	Fee		ee	Fee Description	'an Daid	
Deposit Account	Code	(\$)	Code (			ee Paid	
Number	1051	130	2051		Surcharge - late filing fee or oath Surcharge - late provisional filing fee or		
Deposit Account	1052	50	2052	25	cover sheet		
Name	1053	130	1053		Non-English specification		
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments	1812	2,520	1812 2,	,520 l	For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804		Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee	1905	1 940*	1805 1		Requesting publication of SIR after		
to the above-identified deposit account.	1803	1,840*	1000 1	,070	Examiner action		
FEE CALCULATION		110	2251	55	Extension for reply within first month	- [	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month		
1. BASIC FILING FEE Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month		
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month		
Code (\$) Code (\$)	1255	2,010	2255	1,005	Extension for reply within fifth month		
1001 770 2001 385 Utility filing fee 385.00	1401	330	2401	165	Notice of Appeal		
1002 340 2002 170 Design filing fee	1402	330	2402		Filing a brief in support of an appeal		
1003 530 2003 265 Plant filing fee	1403	290	2403		Request for oral hearing		
1004 770 2004 385 Reissue filing fee		1,510	1451	1.510	Petition to institute a public use proceeding		
1005 160 2005 80 Provisional filing fee	1452	110	2452		Petition to revive - unavoidable		
SUBTOTAL (1) (\$) 385.00		1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2501		Utility issue fee (or reissue)		
Fee from Extra Claims <u>below</u> <u>Fee Paid</u>	1502	480	2502		Design issue fee		
Total Claims 18 -20** = 0 X = 0	1503		2503		) Plant issue fee		
Independent 3 - 3** = 0 X =0	1460	130	1460		Petitions to the Commissioner		
Multiple Dependent =0	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity   Small Entity			1806		Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	1806 8021	40	8021		Recording each patent assignment per		
1202 18 2202 9 Claims in excess of 20		770	2809	325	property (times number of properties) Filing a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3	1809	170	2009		(37 ČFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	5 For each additional invention to be examined (37 CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims over original patent	180	1 770	2801	385			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination     of a design application		
[m, 0,00			Other fee (specify)				
SUBTOTAL (2) (\$) 0.00  **or number previously paid, if greater, For Reissues, see above	*Red	tuced b	y Basic F	Filing f	Fee Paid SUBTOTAL (3) (\$) 0.00		

SUBMITTED BY	(Complete	(Complete (if applicable))			
Name (Print/Type)	Patrick D. Archibald	Registration No. 52,464	Telephone	Telephone 617-720-0091	
Signature	Brack D. archibald		Date	12/23/03	

WARNING: Information n this form may become public. Credit card informati n should not be included on this form. Provide credit card information and authorizati n on PTO-2038.

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